

Fifth African regional conference on sexually transmitted diseases

Report on the sixth conference of the African Union against Venereal Diseases and Treponematoses (AUVDT) held at Harare, Zimbabwe, on 1 to 5 June 1987

The fifth African regional conference on sexually transmitted diseases (STDs) organised by the African Union against Venereal Diseases and Treponematoses (AUVDT) was held in Harare, Zimbabwe, from 1 to 5 June 1987. The very first conference of the AUVDT had been held in Ibadan, Nigeria, in 1979 and subsequent meetings had been held in 1981 (Dakar, Senegal), 1983 (Nairobi, Kenya), and 1985 (Libreville, Gabon). Harare, the capital city of Zimbabwe, was founded in 1890 and has developed into a modern and attractive city with wide streets, avenues of flowering trees, and modern shops and hotels. The city has a population of about 700 000.

Zimbabwe gained independence from the British government on 18 April 1980 after democratic elections. The country is in southern central Africa, north of the Tropic of Capricorn. It has no direct access to the sea except through the Republic of South Africa to the south and Mozambique to the east. It is separated from the Republic of Zambia by the Zambezi River, and to the west is the Republic of Botswana. It has an area of 390 245 km²—about three times the size of England. Four fifths of it is more than 600 m and less than a twentieth is 1500 m above sea level, which gives it a healthy pleasant climate. The 1982 census puts the population figure at 8.4 million. The country has considerable and well diversified mineral deposits and basic requirements for a viable agricultural industry that provides more than its basic needs.

The themes of the conference were the acquired immune deficiency syndrome (AIDS), penicillinase producing *Neisseria gonorrhoeae* (PPNG), and yaws. The conference was opened on the 1 June 1987 by the Minister of Health of Zimbabwe, the Honourable Dr Sydney Sekeramayi (a physician) who described the measures taken by the Ministry of Health in Zimbabwe in combating the AIDS epidemic. These include the establishment of a national AIDS advisory committee, facilities for screening blood donors for AIDS, and a public awareness campaign he termed "zero grazing", advising the public to avoid sexual promiscuity because the major way that AIDS is

transmitted in Africa is sexual. At the opening ceremony the President of the AUVDT, Professor AO Osoba of Nigeria, told the nearly 300 delegates at the conference from 33 countries that AIDS has become a major public health problem of unprecedented magnitude in sub-Saharan Africa. He estimated that there may be up to 50 000 people with AIDS in Africa, and these may be the tip of the iceberg as there may be millions of people who are asymptomatic carriers of the AIDS virus. He informed the participants that in some of the African countries severely affected the prevalence of infected people is estimated at 70 to 100 per 100 000 population.

At the opening session on AIDS, Dr Godfrey Sikipa of the Ministry of Health, Harare, Zimbabwe, gave an overview of the AIDS problem in Africa. Dr Brian Dando of the World Health Organisation (WHO) informed the delegates that on 1 February 1987 the special programme on AIDS was formally established by the WHO. Its goals are preventing the transmission of AIDS and reducing the morbidity and mortality from the disease. He reported that 35 African countries have now reported 4345 cases of AIDS (22 with one or more cases) and 13 countries have not reported any cases to WHO. He did not think that a vaccine will be available to combat AIDS until about 1995. Dr AS Nasidi of Nigeria described the seroepidemiological screening for AIDS in Nigeria. Of 5000 healthy people, 45 (including eight prostitutes) were positive by the ELISA test, with only five positive results confirmed by the western blot technique. He also reported the discovery, during the exercise, of a new HIV-related retrovirus in healthy people, which may protect against AIDS. He stated that this new virus was different in characteristics and protein content from HIV-I and HIV-II. Altogether, 40 scientific papers of high quality were presented on the epidemiology, diagnosis, transmission, and Kaposi's sarcoma and other opportunistic infections of AIDS in Africa. The AIDS session was concluded with a workshop on methods of detecting HIV antibody.

The session on PPNG strains in Africa was

opened by Professor A O Osoba, who indicated the rising incidence of PPNG strain in nearly all African countries, with gradual reduction in non-PPNG strains. J G Antal of WHO gave an overview of PPNG infections worldwide and urged clinicians to reassess the efficacy of their treatment regimens in view of the rising incidence of PPNG strains, especially in third world countries. About 30 more scientific papers were presented on PPNG strains and gonococcal infections in Africa, with subjects ranging from epidemiological studies to management and control in developing countries.

The present status of the resurgence of yaws in Africa was presented by Professor Meheus of WHO, Geneva, and Professor AO Osoba described the clinical features of the cases seen recently in west Africa. Speakers at this session stressed the need for energetic measures to control yaws at the early stage of its resurgence.

The last day of the conference was devoted to primary care approaches in diagnosis and management of STDs in rural settings. Professor A Meheus presented the diagnosis and management protocols recently developed by WHO for rural areas without laboratory facilities. A simplified approach in laboratory diagnosis of STD in rural areas was presented by Professor AO Osoba, and Dr AS Latif of Zimbabwe discussed the decentralisation of STD services and their integration into primary care services in developing countries.

Zimbabwe has one of the best organised STD services in tropical Africa. According to Dr Latif, the Harare City Health Department has embarked on a programme to decentralise the STD service and integrate it into primary health care. The process of decentralisation necessitated the development of a central referral STD clinic in Harare, at which local expertise was concentrated. Simplified STD diagnosis and treatment protocols were distributed to all primary health care clinics in the country, and nursing and paramedical staff operating those clinics were brought to the central clinic for two weeks intensive training. The central clinic, called the genitourinary centre

the Mbare Polyclinic, is under the Harare City Health Department. It is headed by Dr Marowa assisted by another doctor. The aff consists of two nursing sisters, four medical assistants (who diagnose and treat most of the cases) two laboratory medical assistants (who provide on the spot laboratory diagnostic facilities), and two clerks. The clinic serves not only the 700 000 inhabitants of the city of Harare, but also referrals from all over the country. The clinic sees about 16 000 to 18 000 patients a year, with an average of 100 to 200 patients a day. Gonorrhoea forms about 30% of diagnosed cases, chancroid 18%, syphilis 6%, and

other STDs 46%. This centre screened 503 patients for antibodies to HIV in January this year (1987) and found 92 (78 men and 17 women, most of whom were married) seropositive.

The General Assembly of the AUVDT was held on Friday 5 June, attended by Professor A Siboulet of France, President of the *International Union against the Venereal Diseases and Treponematoses* (IUVDT). Resolutions were passed on the control of AIDS, PPNG strains, and yaws in the African continent. Professor Mbina Nguemby of Gabon was elected President of the AUVDT, Dr A Latif of Zimbabwe was elected Sec-

retary General, and other members of the executive were elected to hold office for the next two years.

The conference ended with a farewell dinner attended by Dr EM Pswarayi, Deputy Minister of Health of Zimbabwe, other Zimbabwean dignitaries, and participants from 23 African countries and 10 non-African countries. The next conference of the AUVDT will be held in Yaounde, Cameroon in June 1989.

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